

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/08/03.

## **I. DISPUTE**

Whether there should be additional reimbursement for an ESI in the amount of \$3,503.18 for date of service 06/26/02. The Respondent denied the services as , “RD-THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND PAYMENT RESEARCH AND IS IN ACCORDANCE WITH LABOR CODE 413.011(B). JX-FAIR AND REASONABLE REIMBURSEMENT FOR THE ENTIRE BILL IS MADE ON THE ‘O/R SERVICE’ LINE ITEM.”

## **II. RATIONALE**

Texas Labor Code 408.027, Commission Rule 133.304(c) and Rule 133.304 (i) (1-4) places certain requirements on the Respondent when reducing bills to fair and reasonable. The Respondent is required to develop and consistently apply a methodology to determine fair and reasonable reimbursement and explain and document the method used for the calculation. The Respondent states in their position statement that they have applied a methodology that indicates a fair and reasonable reimbursement. Rule 133.307 (g) (3) (D) requires the Requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The Requestor has failed to provide sufficient evidence to support why they should receive additional reimbursement. Therefore, based on this evidence, additional reimbursement **is not** recommended.

## **III. DECISION & ORDER**

The above Findings, Decision is hereby issued this 15<sup>th</sup> day of August 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb